

POLICY BULLETIN CHILD NUTRITION PROGRAMS

FDCH 02-09

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SUBJECT: Provider Critical Areas and Ratings Clarification

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Provider Critical Areas and Ratings have been a source of confusion for the last couple of years. This bulletin seeks to clarify the regulations and purpose of provider ratings. In June 2006 the State Office sent a bulletin(FDCH 09-06) describing the need to track Provider Critical Areas, and a rating system developed by the State Office for the use of the Sponsors, this method was developed as an option, with an accompanying spreadsheet.

Although the method and spreadsheet were an option, the Provider Ratings are not. Sponsors must use the aforementioned method or come up with their own to meet the same purpose of the provider ratings, the purpose of these ratings are as follows:

1. Long term evaluation of providers as individuals
2. Long term evaluation of providers as a group
3. Identification of training needs
4. Tracking areas of needed supervision
5. Identifies widespread patterns
6. Accumulation of monitoring information

Tracking the nine “critical areas” is mandatory; the method you choose to track these areas can be developed by the Sponsors Office. If you choose to not use the State Office method; a process of your own must be submitted in writing as an addendum to your management plan. Your system of tracking Provider Critical Areas must be submitted no later than February 27, 2009.

The method developed must be reportable and available for the State Office during times of review.

CRITICAL AREAS

There are nine “critical areas” observed in the course of required on-site monitoring visits. The critical areas are specified in regulatory requirements for monitoring and in the Sponsor/Provider agreement. Regulatory citations include 7CFR Part 226.10(c)(3), .16(d)(4), .18(b)(14) and .18(e). The monitoring form includes several questions probing each of the critical areas.

The first seven critical areas listed below are found in the monitoring form as detailed separately in “Common Provider Ratings” (attached). The last two are taken from records on file in the sponsor’s office in conjunction with the monitoring visit.

1. Unexcused absence at mealtime when an unannounced visit was attempted
2. Apparent invalid block claim discovered. There is an additional form to report this situation and its resolution.
3. Meal pattern compliance (observed service)
4. Menu and meal records compliance
5. Attendance and meal count records up to date facilitating the five day reconciliation.
6. Keeping enrollment information up to date
7. Whether there is imminent threat to children's health or safety
8. Provider attendance at required training
9. Provider maintenance of a valid license, residential certificate or relative care approval

Review Ratings for FDCH Provider Reviews

Monitoring information is to be “accumulated” to identify pervasive training needs or successes. In addition, monitoring is defined as an effort to *evaluate* providers’ implementation of program requirements and objectives.

The following rating system is implemented for long-term *evaluation* of providers individually and as a group. It is critical sponsors implement this system consistently in order to ensure success of both providers and the sponsoring organization.

Review Ratings:

- 0 = not looked at, not observed
- 1 = good review, no problems noted
- 2 = suggestions for improvement
- 3 = corrective action/fiscal action

Ratings of 0 and 1 are straight forward. Considering all the questions associated with a critical area, things were observed or not; and there was compliance or not. A rating of 2 would indicate that suggestions were given for program improvement, but no follow-up is needed. A rating of 3 may take discussion with a supervisor. If problems found are correctable “errors” or “oversights,” the critical area would be rated 3, but follow-up is required and corrections must be made. It is also possible that money may be reclaimed. A serious deficiency is determined *separately* from a monitoring review, although it may result from a monitoring review.

These ratings are offered as an option, the sponsor can also come up with their own ratings for the nine “critical areas”

USING THE RATINGS

The ratings cannot be made and then allowed to stand in isolation. Sponsors must come up with a summary of the findings to identify critical areas in which many providers are performing poorly indicating a need for training, more monitoring, etc.